

FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH57-223117  
STATE FILE NUMBER  
548  
Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1376

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1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Webster Groves</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Webster Groves</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <b>1212 Culver Hill Dr.-7 Yrs.</b>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>1212 Culver Hill Dr.</b>	
3. NAME OF DECEASED (Type or print) First <b>JENNIE</b> Middle <b>A.</b> Last <b>KING</b>				4. DATE OF DEATH Month <b>May</b> Day <b>29</b> Year <b>1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 28, 1872</b>	
9. AGE (In years last birthday) <b>85</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		100. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				13. FATHER'S NAME <b>John McKenna</b>			
14. MOTHER'S MAIDEN NAME <b>Cecilia Kirwan</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>			
16. SOCIAL SECURITY NO. <b>None</b>				17. INFORMANT <b>Gertrude Murphy 1212 Culver Hill Dr.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterio Sclerotic Hypertensive</b> <b>Cardio Vascular Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <b>Cerebral Accident</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Renal Coma</b> INTERVAL BETWEEN ONSET AND DEATH <b>7 yrs.</b> <b>15 days</b> <b>15 days</b>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>443X</b>				20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>			
20f. CITY, TOWN, OR LOCATION <b>—</b>				20g. COUNTY <b>—</b>			
20h. STATE <b>—</b>				21. I attended the deceased from <b>1950</b> to <b>1957</b> and last saw her alive on <b>5-29-57</b> Death occurred at <b>11:55 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>A. J. Rael-Donek Jr.</b> (Degree or title)				22b. ADDRESS <b>4390 West Pine</b>			
22c. DATE SIGNED <b>5-31-57</b>				23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>			
23b. DATE <b>June 1, 1957</b>				23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>			
23d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>				24. FUNERAL DIRECTOR <b>Kriegshauser 4228 S. Kingshighway</b>			
25. DATE RECD. BY LOCAL REG. <b>5-31-57</b>				26. REGISTRAR'S SIGNATURE <b>Herbert R. Donkey</b>			

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision:

Student .....  
Signature of Student Embalmer

Signed *William B. White* .....

Licensed Embalmer No. *42*

P. O. Address *222 E. 1st St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.